

**PARENTAL/GUARDIAN CONSENT FOR A CADET TO PARTICIPATE IN A  
CIVIL AIR PATROL ACTIVITY OR EMERGENCY SERVICES MISSION**

ACTIVITY OR MISSION NUMBER		DATE
<b>PERSONAL INFORMATION</b>		
CADET NAME	CAP RANK	CAPSN
ADDRESS	HOME PHONE	CELL PHONE
CITY	STATE	ZIP CODE
<b>EMERGENCY NOTIFICATION INFORMATION</b>		
PERSON TO NOTIFY IN AN EMERGENCY	RELATIONSHIP	PHONE (WEEKDAYS)
ADDRESS		PHONE (NIGHT & WEEKEND)
PERSONAL PHYSICIAN		PHONE
PHYSICIAN'S ADDRESS	CITY	STATE & ZIP
MEDICAL DATA (ALLERGIES, DISEASES, CHRONIC ILLNESSES, MEDICATIONS, ETC.)		
<input type="checkbox"/> CHECK IF YOU HAVE NO KNOWN MEDICAL DATA TO REPORT.		BLOOD TYPE:
<b>CIVIL AIR PATROL UNIT INFORMATION</b>		
UNIT CHARTER NO. MO-149	UNIT NAME CASS COUNTY COMPOSITE SQUADRON	UNIT LOCATION (CITY & STATE) HARRISONVILLE, MO
UNIT COMMANDER'S NAME Tony D. Belto	CAP RANK Maj	PHONE (WEEKDAYS) 816-308-3267
ADDRESS 208 W. PEARL ST., HARRISONVILLE, MO 64701		PHONE (NIGHT & WEEKEND) 816-331-2305
As parent or guardian, I hereby authorize my son/daughter to participate in the activity or mission described above. This authorization includes transportation to and from the activity or mission base by Civil Air Patrol corporate aircraft/vehicle if available. I understand that I am responsible for any food or lodging requirements as well as transportation home if Civil Air Patrol resources are not available. I further authorize Civil Air Patrol to arrange for emergency medical care and I will accept responsibility for the cost of all such medical care. <b>NOTE:</b> A completed CAP Form 9 must accompany this form for transportation by aircraft.		
PARENT OR GUARDIAN SIGNATURE		DATE
PRINTED NAME OF PARENT OR GUARDIAN		
<b>UNIT COMMANDER AUTHORIZATION:</b> I CERTIFY THAT THIS CADET HAS MY PERMISSION TO PARTICIPATE IN THIS ACTIVITY OR MISSION.		
UNIT COMMANDER OR DEPUTY COMMANDER SIGNATURE		DATE
ACCOMPANYING SENIOR MEMBER SIGNATURE	PRINTED NAME OF ACCOMPANYING SENIOR MEMBER	

*PARENTS OR GUARDIANS SHOULD DETACH AND RETAIN THE FOLLOWING INFORMATION:*

ACTIVITY:

LOCATION:

TELEPHONE:

MOWING Form 9a

July 1998